

MK-16 DIVING SUPERVISOR QUALIFICATION

NAME _____ RATE _____ DIVISION _____
 DATE COMMENCED _____ DATE COMPLETED _____

1. Purpose. To record certification signatures by designated Qualifiers who, by their signature, certify the prospective Supervisor has attained the knowledge and skill level required performing as a Diving Supervisor.

2. Instructions. It is the responsibility of the Diving Supervisors, Division Master Diver and Division Officer to evaluate and recommend an individual to the Department Head and Commanding Officer for final approval as a Diving Supervisor. This qualification has specific signatures for High-Risk Core Unique Instructor Training.

3. Prerequisite

a. MK-16 UBA Diver Qualified

b. Must have successfully completed Chamber Supervisor/Bends Watch Qualification, Enclosure (2).

c. Must have successfully completed Scuba Diving Supervisor, Enclosure (5).

4. Practical Factors. In order to obtain a signature, the Candidate must satisfactorily demonstrate proficiency in accordance with applicable Command Directives and the U.S. Navy Diving Manual.

a. Supervise MK-16 diving evolutions for the following locations:

Pool	(1) _____ MDV/Date
	(2) _____ MDV/Date

Enclosure (7)

3500/23 (Rev. 12/01)

BBAT/JACTF (1) _____
MDV/Date

Pierside (1) _____
MDV/Date

(2) _____
MDV/Date

Open Sea Platform

YDT (1) _____
MDV/Date

Small Boat (2) _____
MDV/Date

b. Pass an oral exam covering safety precautions for the following areas:

Pool (1) _____
MDV/Date

BBAT/JACTF (1) _____
(MK 16 UBA EPs)

(1) _____
MDV/Date

Pierside (1) _____
MDV/Date

Open Sea (1) _____
(MK 16 UBA) MDV/Date

c. Pass a MK-16 Diving Supervisor written exam.

MDV/Date

d. Demonstrate MK-16 Diving Supervisor knowledge by passing an oral board chaired by a qualified Duty Diving Officer, Master Diver and MK-16 Diving Supervisor.

DDO MDV MK-16 Diving Supervisor

FIRST ENDORSEMENT

(Name) _____ is recommended for
designation as MK-16 Diving Supervisor.

Training Officer/Date

Approved _____
Commanding Officer

Service Record Entry Completed _____
Admin Supervisor/Date

Copy to:
CISO